

**UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT**
Form 6. Representation Statement

Instructions for this form: <http://www.ca9.uscourts.gov/forms/form06instructions.pdf>

Appellant(s) (*List each party filing the appeal, do not use "et al." or other abbreviations.*)

Name(s) of party/parties:

Legacy Health; Legacy Good Samaritan Hospital and Medical Center; Legacy Mount Hood Medical Center; Legacy Meridian Park Hospital dba Legacy Meridian Park Medical Center

Name(s) of counsel (if any):

Richard C. Hunt

Paula A. Barran

Wilson S. Jarrell

Address: 601 SW 2nd Avenue, Suite 2300, Portland, Oregon 97204

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Email(s): pbarran@barran.com; rhunt@barran.com; wjarrell@barran.com

Is counsel registered for Electronic Filing in the 9th Circuit? Yes No

Appellee(s) (*List only the names of parties and counsel who will oppose you on appeal. List separately represented parties separately.*)

Name(s) of party/parties:

Val Hoyle; Duke Shepard; Oregon Bureau of Labor and Industries

Name(s) of counsel (if any):

Ellen Rosenblum

Brian Simmonds Marshall

Alex C. Jones

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To list additional parties and/or counsel, use next page.

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

Continued list of parties and counsel: (*attach additional pages as necessary*)

Appellants

Name(s) of party/parties:

Legacy Emanuel Hospital & Health Center dba Legacy Emanuel Medical Center

Name(s) of counsel (if any):

Richard C. Hunt; Paula A. Barran; Wilson S. Jarrell

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Is counsel registered for Electronic Filing in the 9th Circuit? Yes No

Appellees

Name(s) of party/parties:

Name(s) of counsel (if any):

Address:

Telephone number(s):

Email(s):

Name(s) of party/parties:

Name(s) of counsel (if any):

Address:

Telephone number(s):

Email(s):